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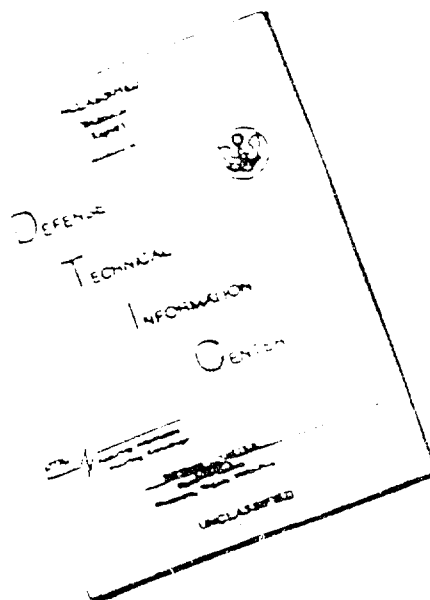
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OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D.C. 20310



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1. REPLY REFER TO

AGAM-P (M) (21 Aug 67) FOR GT-RD-67X/104

30 August 1967

SUBJECT: ~~Combat After Action Report~~ Operation Junction City, Phase I,  
II and III, 6th Al d 1 Group (U).

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Forwarded as inclosure is a Combat After Action Report for Operation Junction City, Phase I, II and III for period 21 Feb 67 - 14 May 67. Information contained in this report is provided to insure appropriate benefits in the future from lessons learned during current operations, and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

(9) Combat after action rpt. for period 21 Feb - 14 May 67.

Kenneth G. Wickham (11) 26 May 67

KENNETH G. WICKHAM  
Major General, USA  
The Adjutant General

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68th Medical Group

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DEPARTMENT OF THE ARMY  
HEADQUARTERS 68TH MEDICAL GROUP  
APO 96491

AVCA MB-GD-PO

26 May 1967

SUBJECT: After Action Report - Operation Junction City (U)

TO: Assistant Chief of Staff for Force Development  
Department of the Army  
Washington, D.C. 20310

(U) In accordance with 44th Medical Brigade Regulation 1-5, the attached After Action Report for Operation Junction City is forwarded.

FOR THE COMMANDER:

TEL: Long Binh 3326

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as

*Donald M. Graydon*  
DONALD M. GRAYDON  
MAJ, MSC  
Adjutant

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AVCA MB-CD-FO

25 May 7, 67

SUBJECT: After Action Report - Operation Junction City (U)(68th Med Gp)

1. (C) Operation Junction City, a planned three phase operation, commenced O/A 21 February 1967 and terminated at 142400 May 67.

- a. Phase I. Commenced O/A 21 Feb 67, and terminated O/A 14 Mar 67.
- b. Phase II. Commenced O/A 15 Mar 67, and terminated O/A 15 Apr 67.
- c. Phase III. Commenced O/A 15 Apr 67, and terminated at 142400 May 67

2. (U) Mission: The 68th Medical Group provided field army level medical service, i.e. hospitalization, evacuation and medical regulating of patients in support of US Forces in the same manner as for other US Forces within a given AO.

3. (FOUO) Medical Support was provided as follows:

a. Hospitalization.

(1) Primary support was provided by the 45th Surgical Hospital, Tay Ninh (XT 150525) and the 12th Evacuation Hospital (LT 625135).

(2) Backup support was provided by the following hospitals.

- (a) 3d Surgical Hospital, Bien Hoa, XT 009045.
- (b) 3d Field Hospital, Saigon, AS 830961.
- (c) 24th Evacuation Hospital, Long Binh, YT 055070.
- (d) 36th Evacuation Hospital, Vung Tau, YZ 294466.

b. Aeromedical Evacuation.

(1) Field standby helicopters were positioned at the following locations. As participating forces were reduced and/or relocated, air ambulance support was concurrently reduced and/or relocated.

(2) Primary basis of operation were located at -

- (a) Tay Ninh - Tri Ba.
- (b) Dau Tieng - Sui Da.
- (c) Minh Thanh.

(3) Backup support was provided from Long Binh, home base of the supporting aeromedical helicopter units.

4. (C) Units supported were as follows:

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SUBJECT: After Action Report - Operation Junction City (U) (68th Med Gp)

- a. 1st Infantry Division.
- b. 196th Infantry Division (-).
- c. 173d Airborne Brigade.
- d. 196th Light Infantry Brigade (Sep).
- e. 11th Armored Cavalry Regiment (-).
- f. 3d Lda, 4th Infantry Division.
- g. Division and 1st Logistical Command support elements.

5. (C) Results:

a. During Phase I and II, admission by date to the two primary supporting medical facilities was as follows:

(1) February 1967.

<u>DATE</u>	<u>45th Surg Hosp</u>	<u>12th Evac Hosp</u>
21	2	7
22	25	10
23	15	21
24	36	14
25	21	3
26	33	41
27	22	12
28	30	15
	<u>184</u>	<u>128</u>

(2) March 1967.

1	16	19
2	15	27
3	9	16
4	6	31
5	11	20
6	5	23
7	10	20
8	12	16
9	5	27
10	5	20
11	25	23
12	5	17
13	17	22
14	16	13
15	10	18
16	7	52
17	9	14
18	5	22

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25 May 1967

SUBJECT: After Action Report - Operation Junction City (U) (68th Med Gp)

DATE	45th Surg Hosp	12th Evac Hosp
19	10	15
20	23	17
21	15	22
22	29	28
23	13	21
24	9	13
25	14	15
26	14	12
27	11	8
28	22	22
29	19	15
30	19	10
31	45	12
	<u>431</u>	<u>615</u>

(3) April 1967.

1	11	25
2	7	29
3	9	19
4	14	17
5	7	13
6	8	24
7	12	20
8	13	46
9	8	27
10	1	21
11	0	22
12	3	16
13	9	24
14	0	17
15	1	27
16	3	9
17	15	29
18	1	20
19	6	16
20	3	24
21	2	15
22	2	20
23	1	38
	<u>136</u>	<u>518</u>

b. The rapid rise in casualties during the initial phase was an indication of the action in the AO and the number of troops deployed. However, one note should be clearly recognized. Hospitals do not identify casualties as having been injured as a result of one specific operation.

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25 May 1967

SUBJECT: After Action Report - Operation Junction City (U) (68th Med Gp)

The above figures will include injuries that are not IRMA, injuries not associated in any manner with Operation Junction City but occurring in the area supported by the hospital concerned, civilian casualties, common accidents and miscellaneous medical conditions. Accurate IRMA statistics for specific operations must be obtained from the tactical units concerned.

c. Operation Manhattan commenced on 23 April 1967 in an adjacent AO. The 45th Surgical Hospital and 12th Evacuation Hospital provided primary hospital support for casualties generated in this two division operation. One (1) brigade (+) was the remaining deployed force during Phase III of Operation Junction City. The casualty figures for the period after 23 April are not presented for this reason. Aeromedical support continued to provide area coverage for both Operation Manhattan and the remaining force of Junction City.

6. (FOUO) Lessons Learned:

a. Field standby aeromedical support is only as effective as communications for coordinated area coverage will allow. For example, a helicopter was placed at Katum (XN 325899) in support of the 173d Airborne Brigade. Limited radio range often precluded the utilization of this ship by other units in the same general AO. Further, the identification with a specific battalion, brigade or division develops into a sense of possessiveness which tends to reduce the availability of the aircraft for area support.

b. Radio operation during Junction City was on multiple frequencies for receipt of aeromedical requests and control of aircraft. This indicated a need for single frequency operations whereby any requestor could transmit a requirement for support and those locations with the resource available could respond without the necessity for continual frequency shifting. Not less than six (6) frequencies were utilized for the control of helicopter dispatch. This problem hampered effective aeromedical support. It is recommended that one frequency be selected and utilized by those units having an aeromedical helicopter at their location, and further, that one station, specifically a representative of the providing medical group, serve as MCS and be empowered to utilize medical aircraft as required in order to most effectively accomplish the mission.

c. A forward medical regulator/aeromedical controller is not normally required during an operation of less than multi-division size. However, the forward medical regulator/aeromedical controller was utilized most effectively during Phase I and early Phase II of Operation Junction City. Utilizing FM and AM/SEC radio communications, acceptable FM contact was maintained with four of the five deployed division/brigade clearing elements and three of the division/brigade base camp medical facilities.

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Continual contact with the 68th Medical Group IRO, 45th Surgical Hospital and 12th Evacuation Hospital was maintained on AM/SSB as previously indicated. The most notable problem was multiple frequency FM operations. Each division and separate brigade insisted on using their medical frequency; therefore the forward regulator was continually changing frequencies in order to transmit aeromedical evacuation requests to the forward field standby helicopters. Often, helicopters were dispatched by the local ground element without prior knowledge of the regulator, resulting in two ships deployed on the same mission. The following points are significant during large scale operations.

(1) The forward medical regulator must be equipped with adequate communications equipment as must the division/brigade medical units.

(2) Single frequency operations, basically a channel for receipt and dispatch of aeromedical requests is required. This frequency should be established by the Field Force SOI and utilized by all participants.


(3) Definitive coordination between scattered elements of field Army level medical support is only required when the tactical elements are widely scattered, when they represent different divisions and/or when separate brigades and the elements of the medical group supporting cannot be contacted by radio from Group headquarters.

7. (U) Special equipment or techniques were not developed nor utilized during this operation.

8. (U) Conclusion and Recommendation: Preplanned medical support was adequate for the mission as developed. Resupply and hospital bed spaces available were sufficient to meet all contingencies. It is recommended, however, that the Surgeon, II Field Force V, each division, separate brigade and regiment, meet in conference with the supporting medical group to consider all aspects of medical support, arriving at a mutual understanding of the support to be provided and any problems envisioned.

FOR THE COMMANDER:..

TEL: Long Binh 3326

  
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